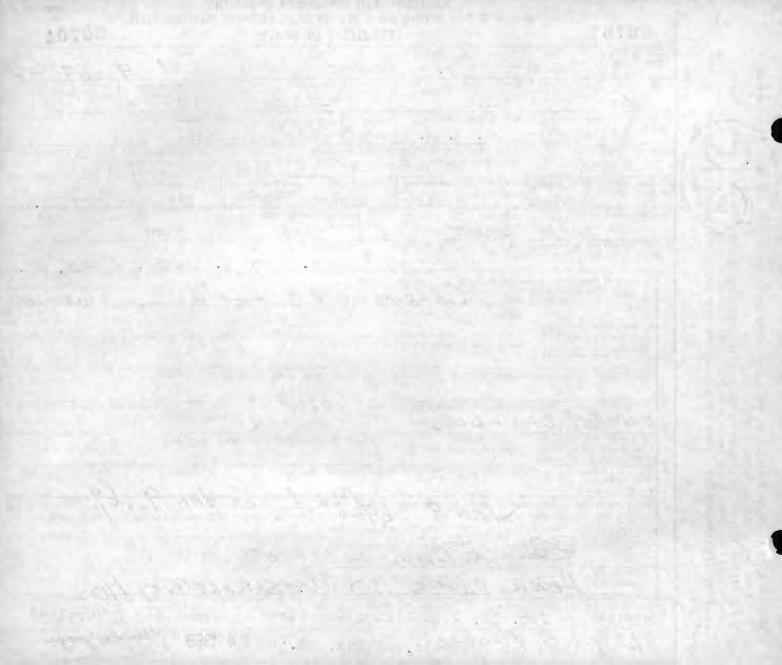
17	D.	00703	DIVISION OF VITAL RECORDS	ID STATE DEPARTM , 301 W. PRESTON STI CERTIFICATE OF	REET, BALTIMOR		00704
r death.			Middle seph P.	lost Backof		DATE OF DEATH Month Doy	Year 26. Ho
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Ci	13o odn	USUAL RESIDENCE (Where deceosnission) STATE	led lived, if institution: Residence before	13c CITY OR TOWN		13e. STREET AND NUMBER	Rall Rd.
f	14.	FATHER'S NAME First Joseph	Middle Lost	IS. MOTHER'S MA	MDEN NAME First	Middle Ke e n	Lost
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2	CERTIFICATION	SEPT. 1968 C	CONDITION FOR WHICH OPERATION WAS PI	RFORMED 200. AUTO	PSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
2	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Month Day Year		URRED (Enter noture	of injury in Port 1 or Port 2, 1	tem IB.)
	M	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Stree	t or R.F.D. No.	City or Town	County Stat
		22a. I certify that (I) (the	is haspital) attended the deceas live an	ed from 106 196 and that in (m) bady after death.	, 19 <u>60,</u> y) (our) opinion o	to 19.	, that (i) (we)
2		22b. SIGNATURE	Hyd. Din	DEGREE PHYS.		STAFF 22c. D	ATE SIGNED
1		22d. PHYSICIAN'S NAME (Type)	NRY VIDANK	40 CX	ESA PER	AKE Cyry /	40
0	230	BURIAL, CREMATION, 23b. I REMOVAL (Specify)	DATE 23c. NAME OF 1969 E	CEMETERY OR CREMATORY Licton Cemet	ery 23d.	Location (City or Town) Licton Cec 1	(County) (Stote)
(4)	24.	FUNERA DIRECTOR IN &	. Hicks ADDRESS	Eliton, M	250. JRECID BYTRES	STR 1969 256. / COMPAR'S	GHATTHE MARKET

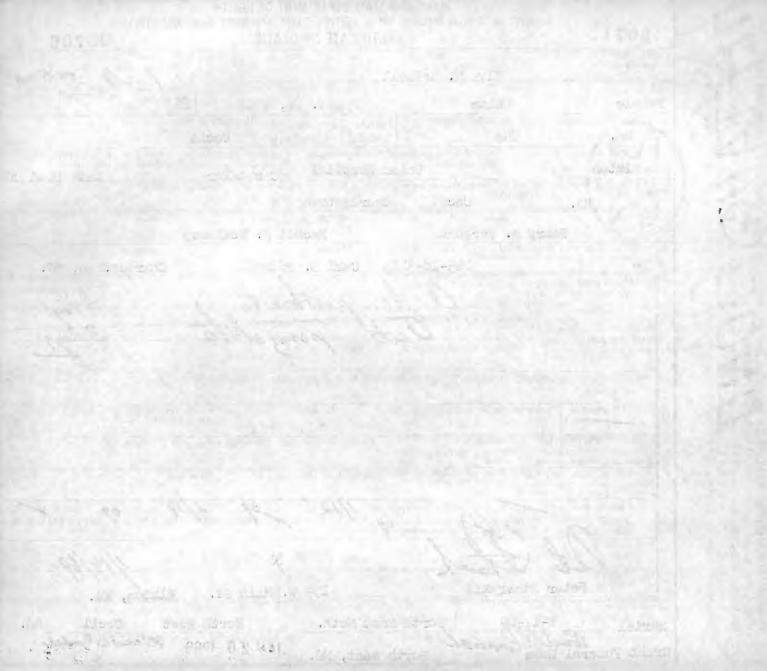


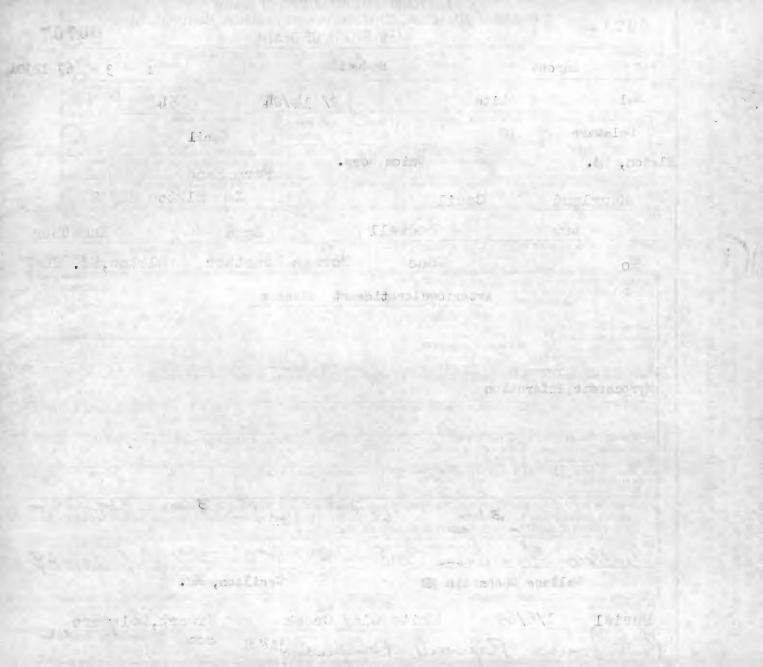
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00705 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME LOUISE BAILEY 20. DATE KNOWN Month Day Yeor 2b. HOUR'D (Type or Print) A NNA ESTI-Page 10 DEATH MATED Jan. 169 11:50 30 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOURP Month Jan. Doy 18, Female White April, 18, 191355 Year 1969 11:50 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH torne country) Cecil Md. U.S.A. DIVORCED TO WIDOWED [State Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH Office along with 126 KIND OF BUSINESS OR give street oddress) Union Hospital during most of working life, even if retired.)
Practical Nurse Nursing Elkton 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Marvland 13b. COUNTY Decil Elkton YES NO T 609 E. Pulaski Highway prid 2 after 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME Middle Catherine Edward Bailev Newton hours Tames Elkton, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Son. **ADDRESS** This certificate should be executed within pencil Exomin (Yes, no, ar unknown) (If yes give war or dates of service) 218-18-5108 James Edward Widdoes, 609 E. Pulaski Highway, File APPROXIMATE INTURVAL .5 within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) director. Page 4 should be forwarded to the Chief Medical BETWEEN OHSET AND DEATH permit. "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gave rise to immediate cause (a). any writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .5 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO T pe 10 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 215. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING cremation, EXAMINER: 19 69 Passenger inauto-fixed object collision CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.)
Street 21d. INTITRY OCCURRED City or Town County State ft. S. main st. Bridge st. WHITE HOT WHILE AT WORK AT WORK Elkton Cecil M.D on 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inquiry and in my apinian Inspection | Undetermined manner Hamicide death resulted from: Notural causes Accident & Suicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1/20/69 DEPUTY MEDICAL EXAMINER 5 moy TO FUNE Heolth **EXAMINER'S** Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Earleville, Cecil. Md. Jan. 22, 1969 Johntown Cemetery. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Edward Fellows & Son, Millington, Md. 21651 VR A15ME (5) 10M REV. 1/68

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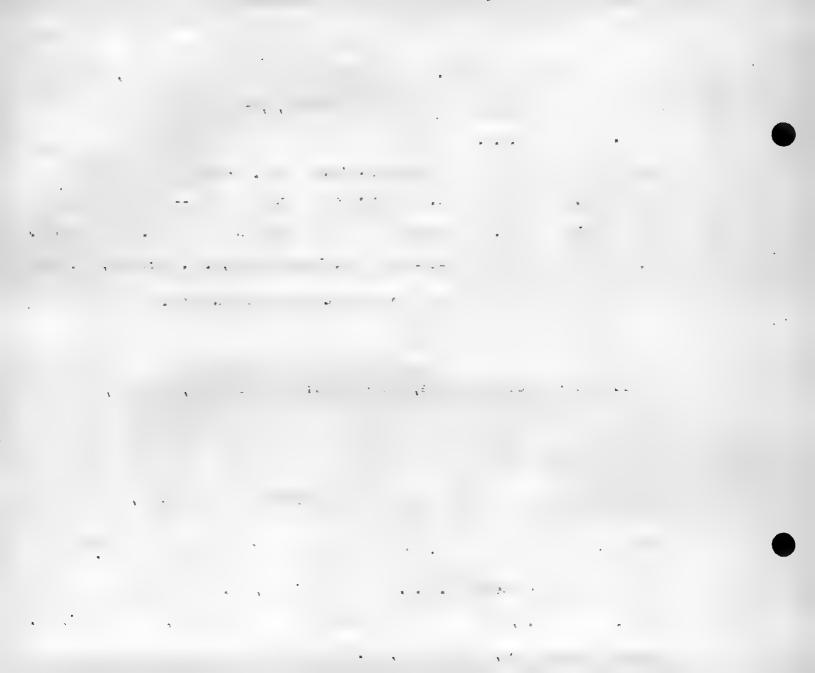
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00706 DECEASED-NAME Middle last 2g. DATE OF DEATH r filled in by the funeral n papers. Pages 1 and 2 ithin 72 to a file death. deoth. 2b. HOUR 24 hours after death (Type or print) Manth Elva M. Bedwell 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In Jast birthday) MONTHS Nov. 28, 1902 DAYS Female. White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Md. USA Cecil WIDOWED [DIVORCED T ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR and in ony event, withi give street address) during most of working life, even if retired.) INDUSTRY Elkton on Hospital Caretaker State Road Con 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 3 NO T Cecil Charlestown 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle Last Henry A. Ferguaon Rachel A. McKinney requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, pa, ar unknown) (If yes give wor or dates of service) cremation, or removal, 213-18-3119 Carl B. Bedwell Charlestown, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave signed by the burial-transit rise to immediate cause (a). stating the underlying cause: burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? detached for use e Dept. of Health YES [NO TY 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hespital) attended the deceased from __///9 saw the deceased olive on ///2 Poge 4 moy be retained directar, page 3 should should be filed with th≡ 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME(Type) Peter Stavrakis 154 W. Main St. Elkton 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 1-17-69 North East Meth. North East Cecil Md. 24. FUNERAL DIRECTOR ADDRESS Grant Funeral Home North east, Md.

MARYLAND STATE DEPARTMENT OF HEALTH





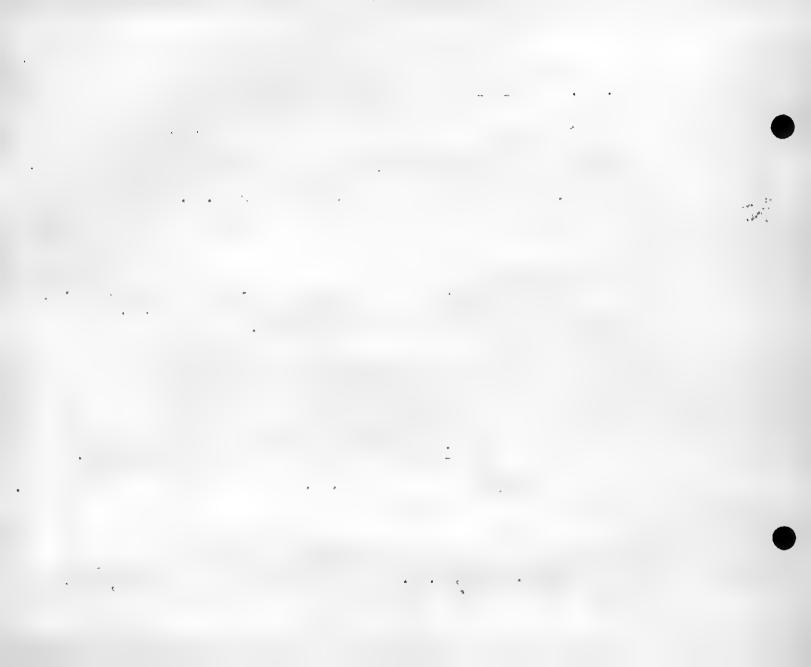
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IAN for for for free		OR CONTRIBUTING CAUSE OF DEATH	HOUR AM	Nanth Day Year	2"	HOW INJURY OCC	neven feute, notni	e or injury in rom 1 or rom 2, i	rem 18.)
YSIC aspi cert cert ined of a	EDICAL	(If either, natify medical examine 21d. INJURY OCCURRED 2.e P	LACE OF INSURY CAT	HOME, FARM, STREET, FACT	DRY.\\ 21F	LOCATION Street	or RED No	City or Town	Caunty State
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ATT ATT		22b. SIGNATURE &	(i) (we) (dia) (di	a viol) view life i	ouy one	deom.		72, [ATE SIGNED
OR TO THE		Phon	a 11	lec	DE	ATTENDING	G MED. DIRECTO		/13/69
AL ay L		22d PHYSICIAN'S			-/	22e ADDF		71113	2)/0/
SPIT 4 m 1ER/		NAME (Type) TRTNA	REUS. M.	D		VA H	ospital.	Perry Point,	JD 21902
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transnauld be filed with the State Dept. at Health prior to burial, cre	230	BURIAL, CREMATION 23b. DI		23c NAME OF C	EMETERY C	R CREMATORY		LOCATION (City or Town)	(State)
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2		DIVISION			RESTON STREET, BAL		LAND 21201	
FOR STATE		00716	MEDICA	·	S'S CERTIFICATE			0711
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offer deeth nong with		CITY OR TOWN OF DEATH Blkton	give stre	et address)	STITUTION (If not in hospito	during most o	CCUPATION (Kind of work do if working life, even if retire	ne 12b KIND OF BUSINESS OR d.) INDUSTRY Fireworks
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INER: This certificate should be executed within 24 in certificate, writing the word "pending" in pencl inshould be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit perm to File pages institution, or removal and in any event within 72 haurs			war or dates of service)	6b. SOCIAL SECURITY N). 17 INFORMANT		ADDRESS	
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5 등 등 전 포	230	REMOVAL-(Spenfy)	DATE	23c NAME OF	EMETERY OR CREMATORY		(nwoT 10 Yfi) NO TAOO.	(County) (State)
	2.4	FUNERAL DIRECTOR	b.4, 19	69 Ced	r Hill Cer	250. REC'D BY RE	Cedar Hill	Ma AR'S SIGNATURE
VR ATSME (5)	23	COLLEGE A.	200	AUUK	13 ·			Charles Souge
10M REV. 1/68		Cour (ild	- Level	909 Po	plar St.	DATE FEB	4 1969 1/	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1.3712 0071 purs ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY o. STATE **b.** COUNTY Cecil MARYLAND Marvl and c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life hours Elkton d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, nive street address) d STREET ADDRESS ON A FARM? variot-iransit permit. Then please remove carban papers. butiol, tremation, or removol, and in ony event, within 72 h R.D. 并 Union Hospital YES NO 🔽 Middle 3 NAME OF Feest Lost DATE Month Doy Year completely DECEASED OF Mackall Ralph Bryson January Type or print) DEATH requires that the death certificate be executed 5 SEX 9 AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED M **NEVER MARRIED** 8 DATE OF BIRTH Josty birthdoy) Months Hours DIVORCED White WIDOWED iale 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Do USUAL OCCUPAT ON (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even (Cettred) Ne chanic & Owner Bryson's COUNTRY? attending physicion Garage Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles J. Bryson Reha Hutton WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or dates of service) signed by the attendir buriol-transit parmit. 217-22-5092 Mrs. Sarah H. Bryson, Elkton, Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I DEATH WAS CAUSED BY 2 ON SET AND DEATH S CAUSED BY. Acute Coronary with Massive Infarction Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-trar DUE TO Myocarditis 3-Wooles Conditions, if any which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse ed for use os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO K 2Do ACCIDENT WAS UNDERLYING [205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20c TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour on. factory, street, office bldg , etc.) Not While ot work of work . 1909, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 12/31/ . 19 00. ta 1/22/ 19.69, and that death accurred at 3:30M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE MED DIRECTOR STAFF PHYS. 22d. ADDRESS PHYSICIAN S MAME (Type) James Johnson K.D High St., Elliton Cecil 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) BURIAL CREMATION (County) REMOVAL (Specify) 1/26/69 Cherry Hill Noth. Cemeter Cherry Hill. Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 1969 for Funerals. 20 M 1/66 Elknon. M.

MARYIAND STATE DEPARTMENT OF HEALTH



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SICI, spitch spi	MEDICAL	(If either, notify medical examin	er) P.M	' 19						
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate for executed within 24 h Page 4 may be retained by the haspital an ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 h	2	21d INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY	AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Stre	et ar R F.D. Na.	City or Town	County State		
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OR Se	П	4	$X L_{i}$	n.	DEGREE PHYS.	NG MED DIRECT	OR PHYS.	17/68		
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HO age	23a	BURIAL, CREMATION, 23b 1	-		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)		
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	L	MARYLAND STATE DEPARTMENT OF HEALTH
	l	OT13 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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hours after death	3. S F	
4 hours	7o. cou	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH New York USA WIDOWED DIVORCED Cecil M
ate be executed within 24 he recan and campletely filled in the second papers. and in any event, within 72 h	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) Union Hospital 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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be exe		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Arnold G. Rhodes Emmaline La Moore
prysician prysician prysician nen please aval, and i	160 N	Was Deceased Ever In U.S. ARMED FORCES? (fes, no, or unknown) (II yes give war or dates of service) None 17. INFORMANT Dorothy S. Felton Rosedale, Pa.
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon pages. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). Stoting the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (e) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE (d) DUE TO, OR AS A CONSEQUENCE (d) DUE TO, OR AS A CONSEQUE
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TO HI Page TO FU direc	B	BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City or Town) (County) (Stote) Charlestown Cemetery Charlestown Cecil Md.
VR A15(N) 30M REV (1.68)		rant Funeral Home North East, Md. JAN 13 1969 Charles yuge.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED NAME Middle LOST 2a. DATE KNOWN Month Day 2b HOUR (Type or Print) CHARLES any delay 1s 2, and 3 to PM3. Page DEATH MATED Jan. 19696:00A 70 4 RACE 6 AGE (In years IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 3 SEX DATE OF BIRTH 2d HOUR Month Jan. Doy 31, Male White Hua. 12. 1933 Year . 69 6:00A Departi 70 BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED E O DIVORCED [Cecil 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Elkton Union Hospital during most of working life, even if retired.) onstruction 13a JSBAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e, STREET AND NUMBER death. odmission) STATE Maryland 13b COUNTY Cecil YES NO 0 E1kotn 124 E. Main Street 24 hours should be forworded to the Chief Medical Examiner's Office land 2 after 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last First Middle Last Daniel (harles Rosie Stacy bages haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If was give wor or dates of service) Ralph Charles R.D. #3. no File APPROXIMATE PUTER VAL within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMM(DIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (o), any This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o CERTIFICATION paso 19a. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, YES R NO Б 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of July in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Month, Day Year shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) AT WORK AT WORK E 220. I certify that I took charge of the remains described above, held an Autopsy 1. Inspection | Inquiry and in my opinion Accident Surcide deoth resulted from. Notural couses |x| Hom.cide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ronald N. Kornblum. ADDRESS(Street, city, town, ar county) NAME (Type) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) harles Durial 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



н		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0715
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6110
HEALTH DEPT.		DECEASED NAME First Middle Last 20 DATE KNOWN Month	Day Year 2b. HOUR
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delay and 3 gent 3 gent 3	3 5	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR F UNDER 24 HRS 24 DATE PRONOLINGED DEAD	2d HOUR
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hours notice land 2	14. 1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
25		Ray Breese Florence	McConnell
hia-24 off in ninge; pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes, no, ocumbridgen) (If yes give your or doins of service)	
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#	3	PRIMARY OR CONTRIBUTING HOUR A M.	arri (dr.)
INE INE Short files 3 short of to	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No City or Town	Caunty State
bical examiner: This certificates execute the certificate, writin ctor. Page 4 should be forwarde ned for your files. ECTOR: Page 3 should be used as buriel, cremation, or removal.		WHILE NOT WHILE factory, office building, etc.)	51010
DEPUTY BICAL EXAM seessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burio!, creming the prior to burio!		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X	1 and in mile and a
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o DEPUTY SICA necessory, please extra funeral director. 5 may be refained to FUNERAL DIRECTO Health prior to bur		NAME (Type) John M. Byers, M. D. ADDRESS(Street, city, town, ar county)	
TO DEPU necesso the fun 5 moy TO FUNE Health	23a	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town)	(County) (State)
_]	Burial 1/11/1969 Bates Methodist Snow Hill Md	
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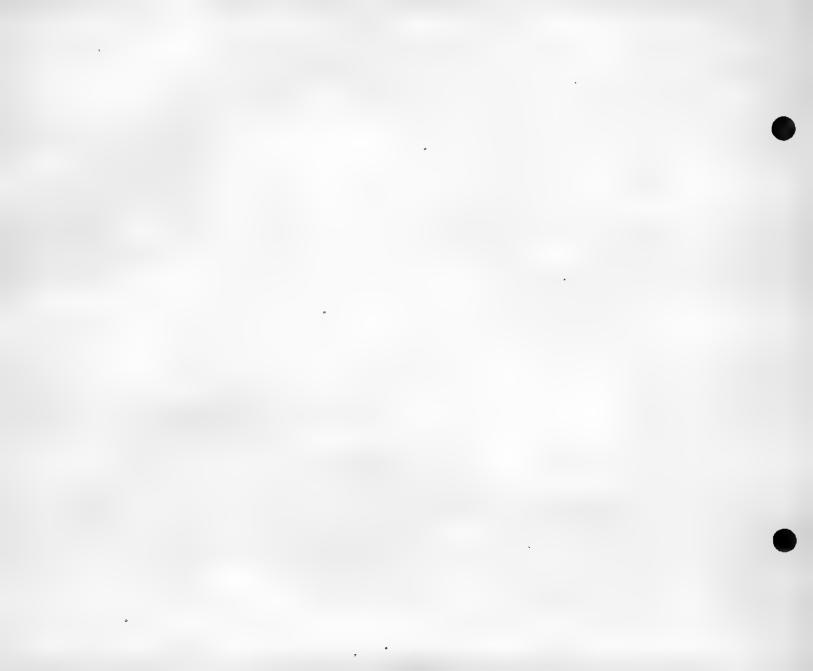


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 072. in by the funeral rs Pages I and 2 Lhours after death. requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) a. COUNTY **b.** COUNTY o. STATE Cecil MARYLAND b CITY OR TOWN (If autside carporate imits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corparate limits, write RURAL and give negrest town) Blkton Ikton d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? sician and completely filled in please remave carbon papers burial, cremation, or remayal, and in any event, within 72 Union Hospital (f Cecil County 250 West High Street YES NO K NAME OF Middle 4 DATE Last Month Day Year DECEASED Walter Deibert 1969 (Type or print) DEATH IF UNDER 1 YEAR | 1F UNDER 24 HRS SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Days Haurs White WIDOWED DIVORCED SF TO a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY the attending physician sit permit. Then please Maryland Carpenter 27 32 32 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Irwin H. Deibert Catherine Heiser 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address signed by the attends burial-transit permit. (Yes, no, or unknown) (If yes give war or dates of service) 217-13-3856 frs. Alice D. Barrow Elkton. PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSEL AND DEATH Pneumonia IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician DUE TO Cardiac Years Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying couse TO FUNIRAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health priar to Years Nephritis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? NO IT 20c ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg, etc.) 19 ot work at work 19_69that (I) (Will last 21. I certify that (I) (this hospital) attended the deceased fram. 0% ta director, page 3 should should be filed with the saw the deceased alive an_ and that death accurred at2 M, fram causes and on the date stated above. 22o. SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR M.D. 22d ADDRESS. 22c/PHYSICIAN S High St., Ell ton Cecil Ld. NAME (Type) Johnson r.D. James Hast 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Blkton. Elkton Cemetery 250 REC'D BY REGISTRAR ABORESS 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Is, mikton. Md.



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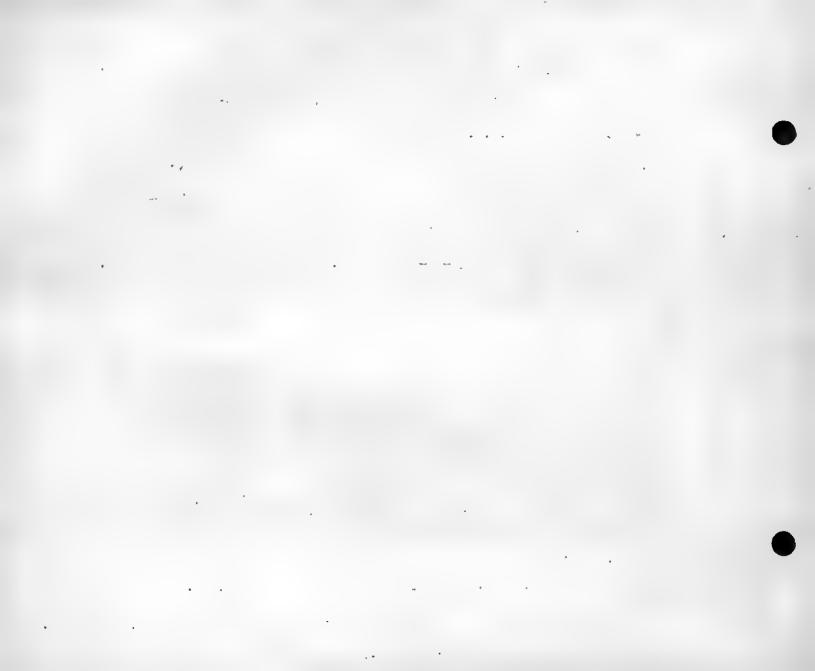


MAKITAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2a DATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2b HOUR (Type or print) EVANS Riggin S. Month January 3 SEX 4. RACE S. DATE OF BIRTH 9-21-21 6 AGE (In years IF JINDER 1 YEAR White Malle last birthday) MONTHS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland U.S.A. Cecil WIDOWED [7] DIVORCED [7] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR g ve street address) VA Hospital INDUSTRY Farming Perry Point during most of working life, even if retired) Farm Manager 13a USUAL RESIDENCE (Where deceased ived, if institution Residence before / 13c, CiTY OR TOWN 13d INSIDE CITY HAITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Havre de Grade NOXX Harford. RFD, Cakington Farms Maryland 14 FATHER'S NAME First M.ddle 1S MOTHER'S MA DEN NAME First Last Middle (D) Martha J. Riggin C. Evans Grover 16b SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no. or unknown) (If yes give wor or unter of service) VA Hospital Records - Perry Point, Md. 220-05-40-42 crematian, ar remaval APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Glioblastoma IMMED ATE CAUSE (a) 10 WERKS DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit p Conditions, if any, which gave) rise to immediate cause (a). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to 90. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b of YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? NO 🗍 YES [21a, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME FARM, STREET, EACTORY) 21f LOCATION Street or R.F.D. No City of Town County Stote While Not while 22a I certify that (I) (this hospital) attended the deceased from 1-28-69, 19 to 1-31-69 saw the decayed alive en expenses 19 , and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (a d) (d d nat) view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 1-31-69 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VA Hospital - Perry Point, Md. EDGAR E. FOLK III M.D. 23d LOCATION (City or Town) (County) Crisfield, Maryland 23b DATE 23a BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (State) BUREMOVAL (Specify) Feb. 3, 1969 Crisfield Cemetery 250 REC D BY REGISTRAR 25b REG STRAR'S SIGNATURE BRADSHAW FUNERAL HOME Crisfield, Maryland GER Minutes Oredas.



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MAKTLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission o. COUNTY o STATE **6 COUNTY** ŧ death. MARYLAND b CITY OR TOWN (If outside carparate imits CLENGTH OF STAY N 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and a ve nearest town) and write RURAL and give peacest town ë, LTIMURF oterDeburt d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENC form ON A FARM? WALTHER DHION Give Pages 100 NO L after death NAME OF Middle 4 DATE First Manth Year Dov DECEASED OF within 196 DEATH SEX AGE (In years DATE OF BIRTH IF UNDER YEAR NEVER MARRIED lost birthdoy) Months 00 Doys Hours 24 haurs event-v WIDOWED DIVORCED TDo USUAL OCCUPATION (Give kind of work done TOP K NO OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) any _ OWNE TAUERANI pages 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within Ξ ZIERANSKA GALICKI FAWARI and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT 21206 (Yes, no, or unknown) lift yes give wor or dates of service remayal, perm CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Huteriosclerofic a This certificate should please execute the certificate, writing the ward cremation, DUE TO Canditions, if any, which gave (b) rise to immediate couse (o). DHE TO o stoting the underlying couse shauld be farwarded burial, (PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO L p 200 EXTERNAL CAUSE WAS priar 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L or Port L of item 18.) 3 should PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, (City or fown) (County) (Store) Hour o.m. Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion death resulted from: Naturol cousos Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER Address (Street city, town, or county) 1235inser/ NAME (Type) 23b DATE THEREOF 23d LOCATION (City or Town) BUR AL CREMATION (County) ST JOSEPH'S CEMETER FULLERTON DIPPEL BROS INC 7110 BELAT 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REC D BY REGISTRAR VR A15HAP

MARYLAND STATE DEPARTMENT OF HEALTH



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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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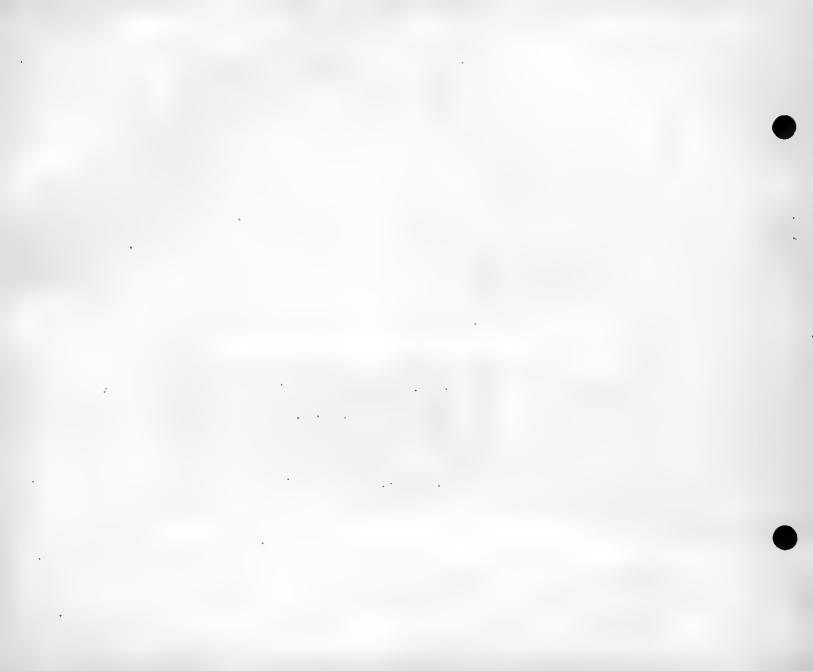
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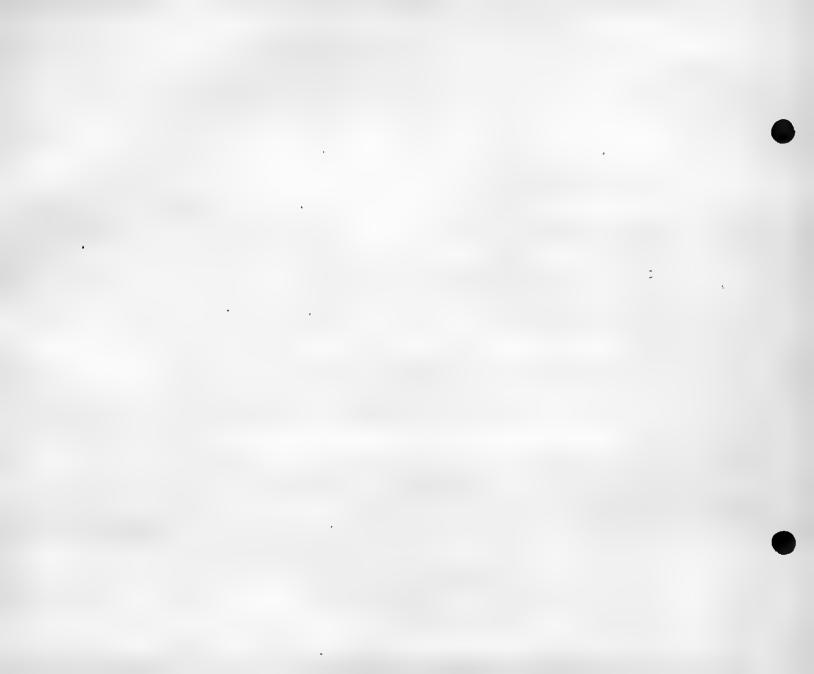
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY			Address	-	
		es, no, or unknown) (If yes Yes	give war or dates of service)	154-01-1	9-02 VA Hospita	l Records -	Perry Po	oint. Md.	
		18. CAUSE OF DEATH (Ente	er only one cause per hr					APPROX MATE INTER BETWEEN ONSET AND I	VAL DEATH
		PART I. DEATH WAS CA	AUSED BY. MEDIATE CAUSE (o)	Br	onchopneumonia	hilateral		The same of the sa	- LINIU
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		210 ACCIDENT WAS UNDER		FINULRY		(Enter nature of injury in Par	t 3 or Port 2. Ite	m [8)	
	MEDICAL	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M.	Month Doy Yea	r 19		2, 10, 2, 110		
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,		22d. PHYSICIAN'S		4	22e ADDRESS	This - this			
		NAME (Type) A.	L. MOONEY,	MYD.	VA 1	Hospital - Per	ry Poin	t. Maryla	nd
	230	BURIAL CREMATION	13b/DATE/ 9	23c NAME OF	CAMETERY OR CREMATORY	234 LOCAT ON (City		(Coenty) (Sixte	17
	1	Removed	1-11-69	11-1	Jalyo Cemelia		2 three	lup 16:0	Krown,
)	24	FLANKAL DIRECTOR	Jack Tero	CZ ADDRA	EN Silver 11	EPD BY REGISTRAR 256	REGISTRAR S SI	GNATURE LINES	1
		MURPHY FUNER	ALD YHOMES	renton,	No you That DATE	JAN 16 1969	. (0	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06730 00735 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o STATE 6. COUNTY Cecil executed within 24 hours after MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 van papers. Pag within 72 hours Life Elkton completely filled in by d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Union Hospital Of Cecil County F. D. YES NO F NAME OF carban Middle Ferst DATE Fast Manth Day Year DECEASED OF DEATH Arthur LcFadden January 69 and in any event, (Type or print) 19 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X DATE OF BIRTH AGE (In years IF JNDER I YEAR IF UNDER 24 HRS remove birthday) Manths Days White hale DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY please COUNTRY? haryland ATTENDING PHYSICIAN: The law requires that the death certificate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or removal, attending phys Henry L. i cFadden Naomi Spratt IS WAS DECEASED EVER IN J S ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates of service 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. liss Clara McFadden(Sister) Smile signed by the o 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY S ONSELLAND DEVIH Nephritis with Uremia IMMEDIATE CAUSE (o) by the haspital or attending physician DUE TO 3- Days Canditions, if any, which gave Pneu cnia rise to immediate cause (a). DUE TO stoting the underlying couse IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be fil≡d with the State Dept. af Health priar ta Years Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at work of work 21. I certify that (I) (this-hospital) attended the deceased fram. . 1969 . ta . 1969. that (1) (we) last 4 may be retained 19 69, and that death accurred at saw the deceased alive pin_ M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 1 1/3/3 M.D. PHYS DIRECTOR 22d. ADDRESS PHYSICIAN'S NAME (Type) James Johnson M.D. East High St., Ell tonCecil 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 'et'i. Cem. 24 FUNERAL DIRECTOR **ADDRESS** 2Sa REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VIII A15 (4) Elkton. 20 M 1/66



./	1	MARYLAND STATE DEPARTMENT OF HEALTH
2		OT30 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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hours lers P		BIRTHPLACE (State or foleign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
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	13o adm	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER 13b COUNTY Cecil Conowings YES NO It NicyLothlin Road
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rtificate be exphysicion ond en please removal, and in ar	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? (es., pol or unknown) (II) you give were or dates of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Mr. J. D. N. G. Lothlin. Conowingo. Nd.
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The low require ottending phys bos been signing so os the burier in prior to burier in prior to burier in the burier to burier	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH?
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TO HOSPI Poge 4 r TO FUNER director, should (230	BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) PEMOYAL (Specify) 1/29/69 Harmony (hapel Liberty Grove Cecil (in)
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death.			ECEASED-NAME First Type or print) Harries	tt.	Middle L. G.		Moore		DATE OF DEATH	Dayo	YB00969 8:30 M
s after death	adte salte	3. S	Female	4 RACE	White		S PATE OF BIR	TH 25, 188	6 AGE (In s	years If	JNDER 1 YEAR IF JNDER 24 HRS. NITHS GAYS HOURS MIN
24 hours	Sec.	7a cou	BIRTHPACE (State or fareign ntv) Neck, Md.	76 CITIZEN OF WHAT U.S.		8. MARRIED WIDOWED	NEVER MARR		UNITY OF DEATH (ecil		Md
Within 2	corban pap ent, within 7		ITY OR TOWN OF DEATH Elkton	give st	ME OF HOSPITAL OR INS reet oddress Unio	n Hos	pital	120 USUAL OCC	UPATION (Kind of wo working life, even if i	rk done	126 KIND OF BUSINESS OR INDUSTRY
ow requires that the death certificate be executed within ading physician.		130 odm	USUAL RESIDENCE (Where decease ssian) STATE ML	ed wed, if institution 136 COUNTY	Res dence before	13c CITY O	R TOWN 1:	NO NO	13e STREEL AND NU	MBER St	reet
be exe	se remove d in any ev		FATHER'S NAME Fish Alexander	Middle H.	Georg	e	S MOTHERS MAI	DEN NAME First	1	Middle	Clark
rtificate	ovol, and i	160	WAS DECEASED EVER IN U.S. ARM 'es no, ar unknown) (If yes give wo	ED FORCES? or or dates of service)	214-34-33		INFORMANT Lewis H.	George,	110 Walnu	it La.,	
eath ce	permit. The		1B. CAUSE OF DEATH (Enter only PARY I DEATH WAS CAUSED IMMEDIA)	AV P	for (a), (b), and (c).		in; d	My oner	ine my le	teric	APPROXIMATE INTERVAL BETWEEN ONSER AND DEATH
t the d	sit pern nation,		Conditions, if any, which gove to immediate cause (a)	(b) C	A CONSEQUENCE OF	au	uleini	7			2 muly
quires tha physician.	iol-tronsit iol, cremat		stating the underlying couse lost.	(c)	A CONSEQUEN OF						3. writtes
w requi		NO	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	NG TO DEATH BUT NO	DT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PART 1(c	2)	
The latter		CERTIFICAT.			TH OPERATION WAS PE		20c AUTOPS	ио 💢	CAUSES OF DEATH?		DERED IN CERTIFYING
PHYSICIAN: 'e hospital or	5 6	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. er) P.M.	Manth Day Year				e of injury in Part 1 a	r Part 2, Item	18)
he h	Det de	W	of work of work		AT HOME FARM STREET, FAC OFFICE BUILDING, ETC.				City or Tawn		aunty State
ENDING ned by t	£		22a. I certify that (I) (this sow the deceased of causes stated above	hospital) atter	nded the decease	ed from Z 9 <u>62</u> , ar	id that in (my)	5, 19.6 <i>8</i> , (aur) apinian	to franciscopy of death occurred or	, 19 <u>65</u> n the date ((we) last and have ond from the
OR ATTENIO	3 should d with the		22b. SIGNATURE	7. Cz.	16, 21	DEG	ATTENDING	MED D RECTO	R STAFF	22c DATE	SIGNED CO
PITAL OF MOS BEEN DE	director, page should be filed		22d. PHYSICIAN S NAME (Type) Rola	undo A. A	ajera, Mo				Street, El	kton,	Ard.
TO HOSPITAL OR ATTEN Poge 4 moy be retained	direct	230	BURIAL, CREMATION, 23b D REMOVAL (Specify) /-	ATE 31-69	23c NAME OF	and the second	CREMATORY L Cemete	23d	LA Neck.	wn) ((County) (Stote)
	VR A15	24 P1	FUNERAL DIRECTOR PPIN FUNERAL HO	ME Gra	UR Le		41.1	DATE	TRA 1969 256 /41	GISTRAR S SIG	MAINT O

MARYLAND STATE DEPARTMENT OF HEALTH



the same of the same of	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 30	I W. PRESTON STREET, BALTIMORE, MAKTLAND ZIZUT
FOR STATE	10739 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
HEALTH DEPT.	PLACE OF DEATH O. COUNTY MARYLAND	o. STATE b. COUNTY Coil
y delay is and 3 to PM3. Page arturn	b CTY OR TOWN (If outside carparate mits c LENGTH OF STAY N 1b write RURAL and give nearest town)	c CITY OR TOWN (It autside carparate limits, write RJRAL and give nearest town)
Bepon Price	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 113 South Street	Elkton d street address 113 South Street Elkton o B RESIDENCE ON A FARM? YES IN NO ROX
Adeath If Cr. Pages, 1, 2, with form P. Stote Bepp 72 haurs on 1, 2, hours on 1,	3 NAME OF First Middle	Lost 4 DATE Month Day Year
	DECEASED (Type or print) Trvin J.	Ott, Jr. OF DEATH / 23 19 69 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS
ors aft	Male White WIDOWED DIVORCED JE	an 30.1909 Syrs Months Doys Hours Min
d within 24 haurs after death in pencil in Item 18 Give pages Examiner's Office along with for File pages Land 2 with th State and in any event within 72 haurs	during most of working life, every freiged) Ad. State Roads Commission	Pennsylvania 12 CITIZEN OF WHAT COUNTRY? V. S. A.
encil cencil ominer ominer page	13. FATHERS NAME Trvin J. Ott	14. MOTHERS MAIDEN NAME Mabel E. Roberts
uted with a find percent cal Examinit. File and and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II Yes, go, or unknown) life ves give wor or dotes of service)	INFORMANT Address s. Kathryn Ott, 113 South St. Elkton, M.
MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death please execute the certificate, writing the word "pending" in pencil in Item 18 Give page I director Page shauld be farwarded to the Chief Medical Examiner's Office along with retained far your files. DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the States the designated agent, prior to burial, cremation, ar remayal, and in any event within 72 had the designated agent, prior to burial, cremation, ar remayal, and in any event within 72 had the designated agent.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY !MMEDIATE CAUSE (a) DUE TO Cond tions, if ony, which gove (b), as to immediate cause (a), stoting the underlying cause (b). [5] DUE TO [6]	INTERVAL BETWEEN
is certifice e, writing farwarde e used as a burial, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
AMINER: This the certificate, at should be faur files. ge 3 should be agent, prior to	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200 INJURY OCCURRED (Death.) 201 INME OF INJURY Month, Doy, Yeor While Not While foctor	(Enter nature of injury in Part or Port II of item 18.)
XAMINE the to ge 4 sha your file Page 3 sh	20c. I:ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLAC While of work of work of work	(E OF INJURY (Home, form, 20f (City or town) (County) (State) ory, street, office bldg., etc.)
DEPUTY MEDICAL EXAMINER: recessory, please execute the certifie e funeral director. Page 4 shauld may be retained far yaur files. FUNER DIRECTOR: Page 3 shauld saith or its designated agent, price	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes , Accident , Suici	ide, Homicide, Undetermined monner
EPUTY MEDICA sssary, please e funeral director ay be retained INERAL DIRECT The or its design	ACTUAL SIGNATURE CERTAIN SIGNA	M.D. ASS STANT MEDICAL EXAMINER
TO DEPUTY necessary, it is the funeral 5 may be rook be. Health or it	NAME (Type) 230 B. RIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR C	Address (Street, city, town, or county) (28 Sinser Aux 1944) CREMATORY 23d LOCATION (City or Town) (County) (State)
00 = ± 20 H	BENOVAL (Specify) 1/27/69 Gracelawn Men	
VR A15ME (5) 6M 1/66	Hicks flood for Funerals Elkton Md.	DATE AN 30 1969 / Charles yusque



> 21	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI	DVIAND 91901
*	30733 CERTIFICATE OF DEATH	90734 · ·
intin 24 haurs after death. y med in by the meral or gapers. Pages I and 2 within 72 hours after death.	1 DECEASED-NAME First Middle Last 2a DATE OF	
24 haurs after death bed in by the meral perfs. Pages I and 2 72 haurs after death	A RACE S DATE OF BIRTH MALE NEGRO 10-20-92	6 AGE (In years if LMDER YEAR IE UNDER 24 HRS HOURS MIN
24 haur d in by 72 hou		
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital like street address) PERRY POINT 120. USUAL OCCUPATION Give street address) VA HOSPITAL, Perry Point Director of	(Kind of work done life, even fret red) I Education
ecuted camplei ave car	admission) STATE Maryland Where deceased lived, if institution Residence before Bryans Road PES X NO 13c, STATE Maryland COUNT Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE Maryland Post Country Charles Bryans Road PES X NO 12c, STATE MARYLAND POST COUNTRY CHARLES BRYANS ROAD PES X NO 12c, STATE MARYLAND POST COUNTRY CHARLES BRYANS ROAD PES X NO 12c, STATE MARYLAND POST COUNTRY CHARLES BRYANS ROAD PES X NO 12c, STATE MARYLAND POST COUNTRY CHARLES BRYANS ROAD	REET AND NUMBER O. BOX 13115
e be ex an and ase rem	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First LITLITAN LEE	M ddle Lost
rtificat physicie en plec	166 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ocurrence) WW 1 166 SOCIAL SECURITY NO. 17 INFORMANT VA. RECORDS, VAH, P.	
PHYSICIAN: The law requires that the death certificate be executed we haspital or attending physician his certificate has been signed by the attending physician and camplere tracked far use as the buriol-transit permit. Then please remave carbillent of Health prior to buriol, crematian, ar remaval, and in any event.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: MMED ATE CAUSE (a) Carcinomatosis w/massive ascites DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (a). Stoting the underlying cause of the cause (a). Stoting the underlying cause of the cause (b) Carcinoma of pancreas w/widespreaments of the underlying cause of the cause (a). DUE TO, OR AS A CONSEQUENCE OF	dernoximate mileval. Between ower and obtain Weeks d metastasis
The law requires th attending physician has been signed by se as the burial-tra th priar to burial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART I(a)
The law r attendi e has ber use as the th priar	YES 🔀 NO 🗆 CAUSES	YES, WERE FINDINGS CONSIDERED IN CERTIFYING OF DEATH?
JING PHYSICIAN: by the haspital or fler this certificate be defacted far u State Dupt of Heal	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19	
de PHY	While Not while at wark at wark	or Tawn Caunty State
OR ATTENDING be retained by the DIRECTOR: After the 3 should be de ed with the State	cooses stated above, (a) (we) (aid) (sile her) view the body after death.	1–17– , 19 <u>69</u> , that A) (we) last accurred an the date and haur and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept of Health prior to	226. SIGNATURE 226. SIGNATURE ATTENDING MED. DEGREE ATTENDING DIRECTOR DI	STAFF D 220 DATE 5 GNED 1-17-69
ro Hospital Page 4 may ro FuneRal I director, pag shauld b≡ fil	NAME (Type) A. L. MOONEY, M.D. VAH, PERRY PO	INT, MD. (City or Tawp) (County) (State)
o Pagina	REMAKMOVAL Danugryssing Plesant Shader Com. News	+ M



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30735 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middie Last 20. DATE KNOWN Yeor 2b HOUR (Type or Print) HERMAN 9 Page RHOADES DEATH MATED [10 delay and 3 3. SEX 4 RACE S. DATE OF BIRTH & AGE fin yours IF UNDER 1 YEAR IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR 73 vi Month Male Negro 19 69 /2/95 To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office alang with form country) DIVORCED [CECIL State marvland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working I fe, even if retired) INDUSTRY Warwick Laborer 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER death odmission) STATE 13b. COUNTY Cecil YES NO T Warwick land 2 after 4. FATHER'S NAME First Middle Lost 15 MOTHER 5 MA DEN NAME First John Khoades unknown pages hours IAN WAS DECEASED EVER IN ITS. ARMED FORCES? 12. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes no. or unknown) Hast Lakest (If yes give war or dates of service) 218-18-9637A- Catherine HarrisHMiddlet 를 ves within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) permit. PART I, DEATH WAS CAUSED BY Chronic lung disease IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES TA NO 🗍 5 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City of Town County Stote factory, office building, etc.) WHITE HOT WHITE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection Inquiry ond in my opinion deoth resulted from: Suicide F Notural couses X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER January 12, 1969 **EXAMINER'S** Charles S. Springate, M.D. Health ADDRESS(Street, city, town, or county) NAME (Type) 0 23o BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 14/69 Dale Cemeterv Middletown Burial 250 REGD BY REGISTEAR 1989 24 FUNERAL BIRECTOR VR A15ME (5) 10M REV. 1 68

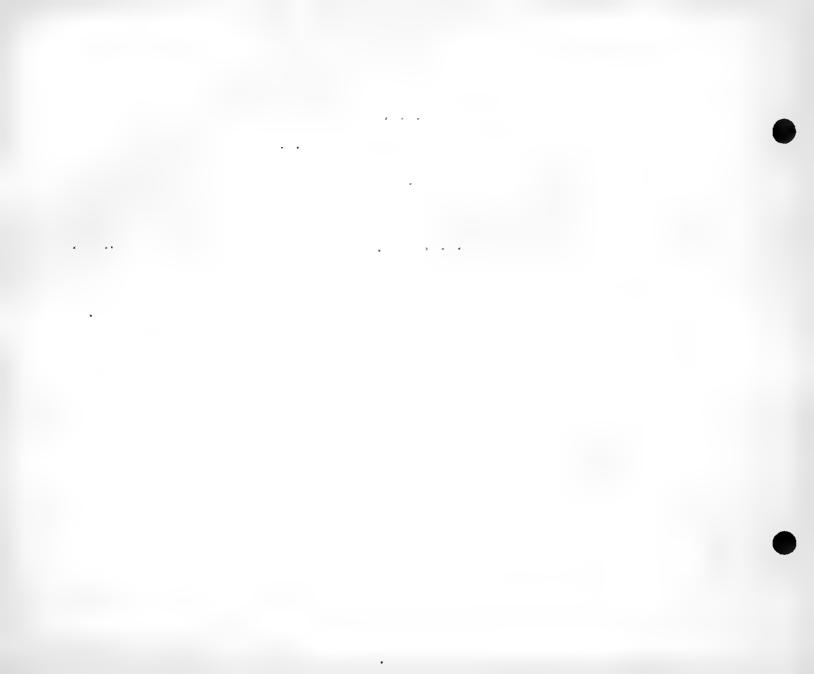
MARYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE	1		736
HEALTH DEPT.	1.0		V Fat mans
MEALIN DEFT.		(Type or Print)	_
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2 2 3		BIRTHPLACE (Stote or foreign 776 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1969 9 M
		inter)	
ges faire	10.7	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	K-ND OF BUSINESS OR
s after death 18. Give Pages 1, olang with farm, evily the State Death.	10	give street address) during most of warking life, eyen if retired INDU	USTRY
or sive	13n	nr. Tikton RD #5 D USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d institution 13d institution Residence before 13c. CITY OR TOWN 13d institution Residence before 13c. CITY OR TOWN	
s after 148. Girls With death.		admiss on) STATE 177 Jan 136 COUNTY Cecil 1.5t in YES NO 17	
hours Office offer d	14 F	FATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle	Last
		William Thomas Simpers Hattie I. Mahoney	[62]
ningre ningre pages haurs	160.	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
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be executed wit "pending" in pe rief Medical Exar ansit permit File event within 72	-		APPROXIMATE INTERVA.
urtec ical ical		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleratic Heart Disease	BETWEEN ONSET AND DEATH
xecuter ding" Medical permit it within		IMMEDIATE CAUSE (a) MYTEVIOSCIEVOTIC 17 COVT DISESSE DUE TO, OR AS A CONSEQUENCE OF	71245
Per Per Insit		Conditions, if any, which gave	
auld to ward ' he Chi iol-trai		rise to immediate couse (a), (b) Status the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be en ward "per or the Chief burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
the who the volume that the the the the the the the the the th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate shauld be executed within should be farwarded to the Chief Medical Examiner files. 3 should be meed as a buriot-transit permit. File page action, ar remayal, and in ony event within 72 haus.		Packing - 1 = N = page	
writi arwar msed moval	MOLI	190 DATE OF OPERATION 195, COND T ON FOR WHICH OPERATION	20 AUTOPSY?
S ce	CERTIFICATION	WAS PERFORMED?	YES NO P
This ficate, be for d be a d be a dr rem	ER	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	1
NER: Trentifice hould by lies.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19	
sho sho file of a strong stron	ME		ounty State
AL EXAMINER: execute the certing. Page 4 should far your files. TOR: Page 3 should crint, cremation,		WHILE NOT WHILE factory, affice building, etc.)	
			and in my opinion
ICAL E exector. Parter. Parter. Parter. Parter. Parter. Parter. Parter. Parter. CTOR:		death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner	
please e l' director retained		CHIEF MEDICAL EXAMINER	
y, pleaseral direction retain		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGN	IED
any, nera nera be EIIA		EXAMINED'S DEPUTY MEDICAL EXAMINER /- 6	-69
o DEPUTY DICA necessary, please ex the funeral director. 5 may be retained to DUMENAN LINECTO Health prior to bur		NAME (Type) /illman D Johnson M.D. ADDRESS(Street, city town, or county)/23 Singerly	Ave, Elkton
5 = 5 = 1	230	IO. BURIA, CREMATION, 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (CITY or Town) (COL	unty) (State)
(2)		REMOVAL (Specify) 1-5-00 This in Century nr. taliton Ged	51 Fd.
M	24.	ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR S SIGN.	ATURE
VR ATSME TO THE TOTAL TO		DATE AND DAT	
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12 12	1	Division of STATISTI			PARTMENT OF HI I W. PRESTON STRE		RYLAND 21201	
FOR STATE		00742	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	0073	17
HEALTH DEPT.		PLACE OF DEATH	149.	MARYLAND	2 USUAL RESIDENCE (V	Vhere deceased lived if ins	ntution Residence before County	ore odm ssian)
ih. If any delay is ges 1, 2, and 3 to farm PM3 Page ate Departmentsol		b CITY OR TOWN (If outside corporate mits, with The Allond give nearest town)		GTH OF STAY IN 16	c (TY ak Tawn (H ou Elkton	tside corporate limits, write	RURAL and give neon	est town)
oath. If on agges 1, 2, lith farm 1 State Depo		d NAME OF HOSPITAL OR INSTITUTION (IF not Union Hospital	in haspital, give stre	et oddrass)	d STREET ADDRESS R.D. #4			e S RESIDENCE ON A FARM? YES NO
dear Pa With With		NAME OF First DECEASED (Type or pnnt) Sophie	l		Roseberry	OF DEATH	Jan. 2	1 1969
inth 24 hours ofter encil in them 18 Give iminer's Office along pages 1 and 2 with th	Te	male White	WIDOWED X	DIVORCED 🗍	B DATE OF BIRTH April 2, 190		Months Days	Hours Min,
ir's Office of the state of the	- dr	USUAL OCCUPAT On (G.ve kind of work done ing most of work ng life even ifret red) Insulator	10b, KIND OF B NDUSTRY R. M.R.	Corp.	11 BIRTHPLACE (Stote Hungary	r	U.S.A	OF WHAT
within a pencil Examine File page		FATHER'S NAME Samuel Emre				na Biggs		
xecuted nding" in Medical B permit. I	[Y	WAS DECEASED EVER NUS ARMED FORCES? is, no, or unknown) (If yes give war or dates of s No	213-40	0-0233 M	NFORMANT 1ss Betty Ro	seberry, Ell	cton. Md.	
This certificate shauld be executed icate, writing the ward "pending" in be farwarded to the Chief Medical E. I be used as a burial-transit permit. Fir to burial, cremation, or removal, a			Arteri	ond (c).)	c Heart I	0,36556	0	NERVAL BETWEEN NSET AND DEATH
should be e ne ward "per ta the Chief I burial-transit mation, or re		Conditions, If any, which gave is to immediate cause (a),)					
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this certificate, writtee farwar be used to buria	CERTIFICATION	PART I OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS				` '		WAS AUTOPSY PERFORMED? YES NO
MINER: This the certificate, 4 shauld be far if thes. e 3 shauld be u gent, priar to b		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20g INJURY O		(Enter nature at injury n t	Part I or Part II of Item 18	,	((1.4.)
L EXAMIN ecute the Page 4 sl ar yaur fi ar yaur fi fired agen	MEDICA.	20c TIME OF IN. JRY Month, Day, Year Hour a m p.m. 19	While h	at While of work	ory, street office bldg etc)		· · · · · · · · · · · · · · · · · · ·	(State)
breal Examiner: se execute the certicator Page 4 shauld ned far yaur files. tECTOR: Page 3 shau esignafed agent, pri		21. I certify that I taak charge death resulted fram: Natural	causes A		ide, Hamicide	Undetermined		d in my apınian
TY MEDTA y, please and directly be retained (AI DIRECTLY)	-	ACTUAL SIGNATURE	Syl	<u>_</u>		CAL EXAMINER L EXAMINER		22. DATE SIGNED 1-21-69
TO DEPUTY MEDICAL EXAMINER: The necessary, please execute the certifice the funeral director Page 4 shauld be 5 may be retained for your files. FO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, priar	230	EXAMINER'S NAME (Type) BUR AL CREMATION 23b DATE THERE	Sahus OF 23c	NAME OF CEMETERY OR	Address (Street,	city, fown, or county) / 23d EOCAT ON (City or		
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MAKILAND STATE DEPARTMENT OF HEALTH



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	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED		ery in Port 1 or Port 2, if	lem 18)	
		at wark of work	CE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC			or Town	County	Stote
		22a I certify that (I) (this haspital) attended the deceased from 1967, 19, to 2007, 19, that (I) (we) last saw the deceased alive on 1968, and that in (my) (ear) apinian death occurred on the date and have and from the courses stated above, (I) (see) (did) (did not) view the body after death.						
1		22d PHYSICIAN S NAME (Type) Robert	1. Tray L. Gray	DEGREE PHYS [22e ADDRESS 123 W	MED DIRECTOR D	STAFF PHYS 3	eate signed ES 196 Id.	:9.
ES.	23o	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) BURIAL Feb	. 4, 1969 Charle	emetery or crematory stown Cemetery	Charl	ON (City or Town) estown Cec	17	(Stote)
185	24.	FINERA, DIRECTOR Paul OF rant Funeral Hom	Crouch ADDRESS I	Box 22 250 th East, Md. DATE	RECD BY REG STRAR FEB 5 19	69 25b. REG. STRAR S	SIGNATURE LANGE	ie

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J		tem2 FilmGLO8 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	رسل	/21/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	Mar de da
HEALTH DEPT.	1 D		740
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Poge to	3 Si	DEATH MAREU 1_ U	2d_HOUR
deloy and 3 M3. Poc		lost birthday) MONTHS CAYS HOURS MIR Month Day	Year 969 12:50
2 0/ may		ale Negro Nov. 17.1906 6662 YRS January 8, BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	,409 1 P.A
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0 4-1 /	10. 0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (IF not in haspital 1/2a USUAL OCCUPATION (Kind of work dame 1/2b	b KIND OF BUSINESS OR
hours after deoth Item 18. Give Pages Office along with for I and 2 with the States ofter death.		Elkton gye street oddress) INC Union Memorial Hospital (DDA) Labor INC	DESTRY
s after 18. Gin along with death.		USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d NSIGE CITY LIMITS? 13e STREET AND NUMBER	
18. 18. dec	a	Idmission) STATE Md. 13b COUNTY Cecil Charlestown YES NO P.O. Box 131	
haurs Item 10 Office I and 2	14 F	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
in III		James Skinner Unknown	
f within 24 in pencil in Examiner's File poges	160	WAS DECEASED EVER IN S ARMED FORCES? (bs. no., or unknown) (if yas give wor or doles of service) 2/9-/0-/672 (by yas give wor or doles of service) 2/9-/0-/672	7 /
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ecuted viling in edical Exempt. Fi		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be executed e word "pending 'in b the Chief Medical E ouriol-tronsit permit. F in ony event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulated inguinal hernia with intestinal	
be execut pending tief Medic ansit perm		DUE TO, OR AS A CONSEQUENCE OF	
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d + te		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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certifi v. writi orwar used movo	ICAT	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES THE NO
- E =	CERTIFICAT	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern	
		PRIMARY OR CONTRIBUTING HOUR A M.	16)
NER Cer thou iles. sho sho	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	Caunty State
XAMINER: ute the cert ge 4 should your files. Page 3 shou cremotion,	2	WHILE - NOT WHILE - factory, affice building, etc.)	county state
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ICAL e exector. Peed for CTOR:		220 I certify that I took charge of the remains described obove, held an Autapsy X, Inspection, Inquiry	and in my opinian
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1			DIVISIO		ND STATE DEPART		TH E, MARYLAND 21201		
		3074)		CERTIFICATE O		c, martinity 21201	6074	<u>t</u>
I and 2 er death		CEASED NAME YPE or print)	RC3ERT	Middle H •	Slagle, int		DATE OF DEATH An. Month 15 D	oy 1969or	2b. HOUR
)	3 51	Male	4. RACE	White	S DATE OF	BIRTH or. 25, 188	6 AGE (In years last birthday) 82 YRS	MONJHS DAYS	HOURS MIN
	can	BIRTHPLACE (Stote or fore	rolina	N OF WHAT COUNTRY? U. S. A.		AOKCED []	UNTY OF DEATH Cecil		Ma
11		ITY OR TOWN OF DEATH Elicton		give street oddress) Hos	NSTITUTION (if not in hospito		JPAT ON (Kind of work done working ife, even if retired) penter & farm	12b KiND OF B INDUSTRY	JSINESS OR
v event	adm	ssion) STATE Mar	yland 13b. Co	institution Residence before OUNTY Cecil	Elkton	AEZ NO 46	13e STREET AND NUMBER R. F. D.		
1		ATHER'S NAME Firs James	M. S	iddle lost Blarle	Sara	MAIDEN NAME First th Jane Dey	Mddle ton Slagle		Lost
	16a	WAS DECEASED EVER IN es, no, or unknown)	S. ARMED FORCES If yes give war or dates of s	2 16b SOCIAL SECURITY 241-24-64		Mary Barno	ett, R.F.D. #5	, Elkton,	Md.
State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	CERTIFICATION	PART 1 DEATH WA	S CAUSED BY IMMEDIATE CAUSE (DUE 1 h gove) ise (a) COUSE ANT CONDITIONS CO	(b) 10, OR AS A CONSEQUENCE OF 10, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH BUT FOR WHITE OPERATION WAS I	Bal Vares Bal Vares	NAL DISEASE OR CONDITIONS 170PSY?	206 IF YES, WERE FINDINGS CAUSES OF DEATH?	6 Mas 2-3 J	TIFYING
	MEDICAL C	or contributing cat (If either, notify medical)	ISE OF DEATH HOU I examiner)	TIME OF INJURY IR A.M. Month Day Yea P.M. NJJRY (AT HOME, FARM, STREET E OFFICE BUILDING, ETC.	r 19		e of injury in Part 1 ar Part 2 City or Town	(aunty	State
		saw the dere	(i) (this hospita	il) attended the decea	sed from 18	1969	to 13 , 10 death occurred on the d	of that (I) (we) last nd from the
/			eter Stav	Hump rakis	DEGREE ATTEN	DIRECTO	STAFF C	21 5/2 1	<u>v</u>
2		BURIAL, CREMATION, BEMOVAL (Specify)	Jan Jan		r CEMETERY OR CREMATORY	riel Pk	LOCATION (City or Town) Elktop Ced		(State)
5/35		funeral director Hicks Home	for Fune	rais, Eleton	Vicks	DATEJAN 2	strar 256 REGISTRAR	S S GNATURE	ale.



-11	•,		ND STATE DEPARTMENT OF HE 6, 301 W. PRESTON STREET, BALTIM		· w.a
	2074,		CERTIFICATE OF DEATH	,	.0742
illed in by the funeral lapers Pages Land'2 pin 72 hours after death.	(Type or pant)	Alvin W.	TOWNSEND	20. DATE OF DEATH January 18	, 1969 1:10p M
5	Male Male	4 RACE White	S. DATE OF BIRTH 7-22-90	6 AGE (n years last buthday) YRS.	FUNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN
	To BIRTHPLACE (State or foreign country) Coates ville	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9. WIDOWED DIVORCED	COUNTY OF DEATH Cecil	Md
1	Perry Point	give street oddress) VA	Hospital during most	OCCUPATION (Kind of work done of working life Rectifed)	12b KIND OF BUSINESS OR INDUSTRY
1	30 JSUAL RESIDENCE (Where do odm ssion) STATE Mary land	eccosed lived, if institution Residence before	I3c CITY OR TOWN 3d INS DE CITY LIMIT Rising Sury ES ■ NO □		
	4. FATHERS NAME First James	M ddle Lost (Deceased)	IS MOTHERS MAIDEN NAME First Alice Robert		Lost
	160 WAS DECEASED EVER IN U.S Yes, no, or unknown) 1 yes Yes	ARMED FORCES? give war or dotes of service, WW I		Address ords - Perry Poi	nt, Maryland
ליכויתי, ליפווימיוני, מו ופווימימי, מוח ווי מון	18. CAUSE OF DEATH (Enter PART I DEATH WAS CO	or only one couse per line for (o), (b), ond (o LUSED BY: AEDIATE CAUSE (a) Pulmonary 1)) Emboli, Massive, Bila	ateral	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH Sudden
	Conditions, if any; which gi	DUE TO, OR AS A CONSEQUENCE OF	Heart Failure		Years
	stating the underlying car lost	DUE TO, OR AS A CONSEQUENCE OF Emphysic	ema, Far Advanced		Years
			NOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
1	STIEC	19b. CONDITION FOR WHICH OPERATION WAS P	YES NO 🗆	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M Month Doy Yeo cominer) P.M.	19	Sture of injury in Port 1 or Part 2, 1%	em 18}
	While hot while of work	COTTLE BUILDING, EIL	ACTORY.) 21f. LOCATION Street or R.F.D. No.	(ily or Town	County State
	22a I certify that (%)	(this haspital) attended the decear	sed from <u>1-12-69</u> , 19 38 acc, and that in (my) (aur) apinic bady after death.	n death accurred an the date	e and hour and fram the
shauld be filed with the State Dept. af	22b SIGNATURE			22¢ D	ATE S GNED
be tile	22d. PHYSICIAN'S) NAME (Type)	POE FOLK III	22e ADDRESS	Hospital - Perry	Point. Md.
1 2	REMOVAL (Specify)	V at the Honory		3d LOCATION (City or Town) Port Deposit	(County) (State)
X	PATTERSON FUNI	ADDRESS	S 2So. REC D.BY A		IGNATURE

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x* 1		YLAND STATE DEPARTMENT OF PRDS, 301 W. PRESTON STREET, BALT		
FOR STATE	ET FEATH	L EXAMINER'S CERTIFICATE	,	2743
HEALTH DEPT.	1 DECEASED-NAME First (Type or Print) Roger	Middle Last	2a DATE KNOWN Mar OF EST	nth Day Year 2b. HOUR 28 19699:50
ny defay is 2, and 3 to PM3. Page	3 SEX 4 RACE S. DATE OF BIRTH male white 5-13-44	6. AGE (In years IF UNDER 1 YEAR	JE UNDER 24 MRS 20 DATE PRONOUNCED DEAD Manth Day	
3 (1)	7a BIRTHPLACE (State or foreign Country) West Va. 7b CITIZEN OF WHAT U.S.A.	MIDOMED DIAO	ORCED Cecil	М
hours after death Office along with form Land 2 with the Surte D	Blkton give street	OF HOSPITAL OR INSTITUTION (IF not an hospital et address) Union Hospital	during mast of warking life, even if retired	Fireworks
ors offer 1 18 Gr ce along 12 with r death		Cecil Elkton		R.D.#1 rk, Box 62
	14 FATHER'S NAME First Middle Alexander Lee	Vance 15 MOTHER'S MAIL	DEN NAME First Middle Helen	Mitchell
within 24 n penal in Examiner's File pages i 72 hours	(Yes, ng. ar unknown) (If yes are war or dates of service)	b SOCIAL SECURITY NO 17. INFORMANT 224-56-7342 Alexande	ADDRESS er Vance, Jr., Rox 62	Md.
should be executed e word "pending" in the Chief Medico: E auriol-transit permit. F in ony event within	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	& 3rd degree burns A CONSEQUENCE OF A CONSEQUENCE OF	surfa	APPROXIMATE INTERVAL BETWEEN DIVISE AND DEATH 5 days ACC
	THICA	CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES NO 😿
無力 음식 [PRIMARY TO COURRED 21e PLACE OF INJURY (AT IN	9100 1-23 1969 Explosion	CURRED (Enter nature of injury in Part 1 or Part n while mixing gunpour or RFD No. City or Town	
EXAMINER: ute the certificate 4 should your files. Poge 3 should the certification, the cremation, the cremation, the cremation of the companion of the certification of the cert	WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	tc)		Cecil Md.
TO DEPUTY DICAL EXAM necessory, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem		M D ASSI	Homiside, Undetermined monner f Medical examiner 226. D	ATE SIGNED .=28=69 on, Md. (Caunty) (State)
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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	8744
. 21	ļ	CENTIFICATE OF DEATH	- O 1 位置
death.		PECEASED-NAME Type or print) MARY E Middle WALTER 2a. DATE OF DEATH Month / Day	14 Year 9 26 NOUR P
	3 9	FX FIGURE S DATE OF BIRTH S CASE (In yegis loss (ports dos))	IF UNDER I YEAR IF JNDER 24 HRS MONTHS DAYS HOURS MIN
	7a (au	BIRTHPLACE (State or fore gn 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH NITURE OF WINDOWED 70 COUNTY OF DEATH 70 COUN	
	10		Md Md
1	1	THON give street address) of thos PITM2 durby most at working life, even if retired)	IZE KIND OF BUSINESS OR INDUSTRY
- 2	13a adm	USLA. RES DENCE (Where deceased gived if institution: Residence before 130 (ITY OR TOWN 3d INSOE CITY LATS? 13e STREET AND NUMBER (ISS on) ASLATE (PLANE) 13b (OUNTY LATS) 13e STREET AND NUMBER	
/	14	FATHER'S NAME First Middle BENSON IS MOTHER'S MADEN NAME First Middle	DESTA
	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address (es. Rocht Dirknown) (6) yes give wor or dates of service)	10/0/0
			APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.	STWEEN ONSET AND OFATH
		IMMEDIATE CAUSE (a) CATICET NOTATE OF LONG	DHONITTS
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	ORMORE
		rise ta immediale cause (a). (b)	
	П	stating the underlying cause but 10, OR AS A CONSEQUENCE OF (c)	
	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	225		
	CATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b if yes, were findings con	NSIDERED IN CERTIFYING
	CERT F (YES NO TX CALSES OF DEATH?	
	(G)	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, the	em 18)
	MEDICAL	(If either, nat.fy medical examiner) P.M. 19	
	W	21d INJURY OCCURRED White Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No City or Town	County State
		arwark arwark	10
		220. I certify that (I) (this hospital) attended the deceased from 1964, and that in (my) (our) apinion death occurred on the date	on that (I) (we) ast
		causes stated abave, (I) (we) (did) (did nat) view the bady after death.	e and made and mont the
		22b SIGNATURE ATTENDING APPL STAFE 22c. DA	VE SIGNED/
		den Wars DEGREE ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS	14169
		22d PHYSICIAN'S NAME (Type) HENRY V. DAVIS MO CHESA PEAKE (1744)	4n
	23a	BURIA., CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCAT ON (City or Town)	(County) (X— (State)
		SREMOVA SARCTY 1-16-69 BETHEL MR.CHESAPEARE	(County) CZ- (State)
	24.	FUNERAL DIRECTOR POLLER 1 4 ADDRESS ADDRESS ADDRESS SIGNATOR 250. REGISTRAR 5 SI	GNATURE
í	EXS	I. FOARD FUNERAL HEME CHELAPERES - 12 DAVIAN 17 1989 PCLION	an Londal



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13	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	746
16		CERTIFICATE OF DEATH	140
death.	and 2 death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) JOHN W. WRIGHT Month 1 Doy 17 Yes	or 69 7:25
s after	7 ag	3. SEX 4. RACE White S. DATE OF BIRTH 2-5-26 6. AGE (In years Houder 1) White VRS. MONTHS VRS.	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
4 have	72 hour	70. BIRTHPLACE (Stote or foreign country) Lapudim, Md. V.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED A Cecil	Md.
vithin 2	S within	10. CITY OR TOWN OF DEATH Perry Point 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even it etired.) Weterans Administration during most of working life, even it etired.) Material Handler	NO OF BUSINESSOR RETIRED
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physican and completely filled in by the funeral	sit permit. Then pease Tembre carbon papers. Pages 1 and 2 nation, ar remaval, add in any event, within 72 hours after death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission STATEST AND NUMBER 2005.	STORES
be exe	in gam	14. FATHER'S NAME First Middle Lost US MOTHER'S MAIDEN NAME First Middle Wright (D) L-ALRA Jennie Single	right (D)
rificate hysinar	n peas	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, the or unknown) 111 yes, the wor or decess of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address VA Hospital Records, Perry Point	, Md.
oth cert	burial, crematian, ar remaval,	PART I. DEATH WAS CAUSED BY:	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
the dec	t permittion, a	HATO MMEDIATE CAUSE (o) Brottenopheumonia, Bilateral DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Probably due to "Flu" Virus	
aquires that physician. signed by th		rise to immediate cause (a). stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	
ure	uria	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ng p	ta b	Concernity of Dobility same with Change Alechelden	
The law attendi	far use as the lift Health priar tab	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 121c. HOW INJURY OF CHIRRED (Enter nature of injury in Part L or Part 2 Item 18.)	IN CERTIFYING
CIAN: vital ar	far u	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19	
i PHYSICIAN: The law re the haspital ar attending this certificate has been	be detached State Dept. af	21d. INJURY OCCURRED While Not while of work o	Stote
HOSPITAL OR ATTENDING PHYSICIAN: The law requires thange 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by	be c		aur and fram the
OR ATT	3 shar	22b. SIGNATURE 22c. DATE SIGNE 22c. DATE SIGNE	
PITAL (may b	directar, page 3 shauld shauld be filed with the	22d. PHYSICIAN'S NAME (Type) A. T. MOONEY M.D. 22e. ADDRESS WA Hognital Perry Point Me	
TO HOSPITAL Page 4 may TO FUNERAL	directo	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) SEMOVAL (Specify) JAN 20,1969 ROCK NON CEM. HARFORD	
	R 19 14 5 5 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5	24. ELLAREN DIRECTOR. ADDRESS Description of Page 1969 25b. Problems CHATTER DATE AND 2 2 1969 25b. Problems CHATTER DATE AND 2 2 1969	udge.

